

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH				Arizona State Board of Health		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				State File No. 90		Registered No. 27	
County <u>Graham</u> State <u>ARIZONA</u>							
Township <u>Pima</u> or Village							
City <u>Pima</u> (If death occurred in a hospital or institution, give its NAME instead of city and number)							
Length of residence in city or town where death occurred <u> </u> yrs. <u> </u> mos. <u> </u> ds.				How long in U. S. if of foreign birth? <u> </u> yrs. <u> </u> mos. <u> </u> ds.			
2. FULL NAME <u>Henry Wesley Crockett</u>				How long in State when death occurred? <u> </u> yrs. <u> </u> mos. <u> </u> ds.			
(a) Residence: No. <u>Pima</u> St. <u> </u> Ward. <u> </u>				(If non-resident give city or town and State)			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>			
5a. If married, widowed, or divorced		HUSBAND of <u>Elizabeth Crockett</u>		(or) WIFE of <u> </u>			
6. DATE OF BIRTH (month, day, and year) <u>June 24 - 1877</u>							
7. AGE		Years <u>56</u>	Months <u>9</u>	Days <u>19</u>	If LESS than 1 day, <u> </u> hrs. or <u> </u> min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>						
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>						
	10. Date deceased last worked at this occupation (month and year) <u> </u>						
11. Total time (years) spent in this occupation <u>23</u>							
12. BIRTHPLACE (city or town) (state or country) <u>Salem Utah</u>							
MOTHER	13. NAME <u>Harford W. Crockett</u>						
	14. BIRTHPLACE (city or town) (State or country) <u>Maine</u>						
	15. MAIDEN NAME <u>Mary M. Reed</u>						
	16. BIRTHPLACE (city or town) (State or country) <u>Navarro Ill</u>						
17. INFORMANT <u>Elizabeth Crockett</u>							
18. BURIAL, CREMATION, OR REMOVAL							
Place <u>Pima</u> Date <u>July 16, 1934</u>							
19. UNDERTAKER <u> </u>							
20. Filed <u>May 8, 1934</u> Registrar <u> </u>							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>Apr 13, 1934</u>							
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 23, 1934</u> to <u>Apr 13, 1934</u>							
I last saw him alive on <u>Apr 13, 1934</u> ; death is said to have occurred on the date stated above, at <u>10 P.</u> m.							
The principal cause of death and related causes of importance were as follows:							
<u>Carcinomatosis</u>							
<u>Colon, liver, gall bladder</u>							
Other contributory causes of importance: <u>None</u>							
Name of operation <u>Blood</u> Date of <u> </u>							
What test confirmed diagnosis? <u>Blood</u> Was there an autopsy? <u>No</u>							
23. If death was due to external causes (violence) fill in also the following:							
Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 19 <u> </u>							
Where did injury occur? <u> </u> (Specify city or town, county and State)							
Specify whether injury occurred in industry, in home, or in public place. <u> </u>							
Manner of injury <u> </u>							
Nature of injury <u> </u>							
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>							
If so, specify <u> </u>							
(Signed) <u>O. H. Brandon</u> M. D.							
(Address) <u>Pima Arizona</u>							